SOUTHSIDE VIRGINIA TRAINING CENTER

PETERSBURG, VIRGINIA

PRIMARY INSPECTION

OFFICE OF THE

INSPECTOR GENERAL

EXECUTIVE SUMMARY

This report summaries the findings during a primary inspection of Southside Virginia Training Center, which was concluded in April 2000.

Primary inspections are routine unannounced comprehensive visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of this inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement.

Currently there are many forces addressing severe deficiencies in the public funded Mental Health, Mental Retardation and Substance Abuse (MHMRSAS) Facility System in Virginia. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in Southside Virginia Training Center as well as other facilities in Virginia. This report intentionally focused on those issues that relate most directly to the quality of professional care provided to patients of the facility. It is intended to provide a view into the current functioning of the training center.

This report is organized into eight different areas. These are: 1) Treatment of Patients with Dignity and Respect, 2) Use of Locked Time-out and Restraint, 3) Active Treatment, 4) Treatment Environment, 5) Access to Medical Services, 6) Public-Academic Relationships, 7) Notable Administrative Projects and 8) Facility Challenges. Under each of these areas are one of more “findings” with related background discussion and recommendations.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

FINDINGS OF MERIT

Finding 1.1: SVTC staff, in several observations, was found to treat patients with dignity and respect.

Finding 1.2: The role of the advocate for SVTC is primarily one of prevention and monitoring.

Finding 2.1: The facility has established procedures for the use of locked time-out and the use of restraints. This does include the use of "training restraints" or Program restraints.

Finding 3.2: Staff is involved in a number of training activities.

Finding 4.2: The cottages within this facility are clean and clear efforts have been made to promote an atmosphere of a home like environment.

Finding 4.4: The day programming and training spaces at SVTC are generally with good environments that are appropriately interesting, comfort able and functional.

Finding 5.1: SVTC staff report timely access to medical care.

Finding 5.2: SVTC employes a quality improvement RN.

Finding 6.1: Southside Virginia Training Center collaborates with many Colleges and Universities to provide training opportunities for a number of different professions.

Finding 6.2: Facility staff members provide training to the community through a variety of organizations.

Finding 7.1: The objectives of the Quality Management Plan of focusing on consumer needs and placing an emphasis on staff involvement are reflected in procedures and process.

Finding 7.2: The facility has progressively become more involved in person-centered planning.

FINDINGS OF CONCERN

Finding 3.1: Several disciplines at SVTC do not meet the staff to patient ratios established for Northern Virginia Training Center by agreement between the Commonwealth of Virginia and the Department of Justice.

Finding 3.3: Training of staff in Nutritional Management has not been completed.

Finding 4.1: The facility and grounds are well maintained but stark.

Finding 4.3: Many of the larger, more traditional residential buildings, particularly like in Building 125, are dismal.

Finding 4.5: Access to additional servings or helpings, in the current feeding system, is limited.

Finding 5.3: The facility currently has a part-time (20 hours per week) psychiatrist.

Finding 8.1: SVTC does not have a clear vision regarding its evolving role in the treatment of the Mentally Retarded in the central Virginia area.

Finding 8.2: SVTC does not have a mechanism to provide clinical consultation in a regular way to community providers or residents.

Facility: Southside Virginia Training Center

Petersburg, Virginia

Date: December 9 & 15, 1999

January 4 & 5, 2000

April 3, 2000

Type of inspection: Primary Inspection

Purpose of inspection: This inspection was performed as an ongoing part of routine monitoring function.

Sources of information: Interviews were conducted with staff, ranging from members in leadership positions to direct-care workers. Documentation reviews included, but was not limited to: resident treatment records, selected Policies and Procedures, selected committee minutes, facility training materials, Performance Improvement/QA projects, and statistics regarding resident complaints. Activities and staff/resident interactions were observed.

Areas reviewed: Section One / Treatment with Dignity and Respect

Facility Background Information

Southside Virginia Training Center (SVTC), located in Petersburg VA, was established in 1938 and originally known as the Petersburg State Colony. Initially the facility was charged with the responsibility of providing residential care to African-American males with mental retardation. A female unit was added in 1940. At one time the facility, like many others in Virginia was self-supporting. SVTC operated a dairy farm.

The census in the past has reached as many as 1800 residents. The campus today serves approximately 450 residents. Most of the residents remaining in the facility today are with severe or profound mental retardation. (Most in the individuals with mild or moderate mental retardation have been relocated into community settings over the last several years.) Medicaid certifies the facility as an intermediate care facility.

Section One

Treatment of Residents with Dignity and Respect

Finding 1.1: SVTC staff, in several observations, was found to treat patients with dignity and respect.

Background: There were multiple opportunities to observe interactions between staff and residents during the course of the inspection process. Staff was noted to be appropriately interactive with the residents, addressing them in a calm, polite and respectful manner. It was apparent that the staff experienced genuine positive regard for the residents and spoke with pride regarding their accomplishments. As an approach toward creating an environment that emphasizes individual strengths and preferences, (as opposed to a more

traditional, one size fits all, institutional model) SVTC has made a commitment to adopting a person centered treatment philosophy.

Since the time of the actual on site inspection, there has been a serious incident that may have involved severe abuse inflicted on a resident by a staff member. What is not clear at this time is the extent to which this incident may reflect an individual problem, or a more widespread problem within the treatment culture at SVTC. This issue will be the focus of a future Office of Inspector General (OIG) inspection. The above finding still stands, as one bad incident does not undo the good work of many staff. There are many staff members at SVTC who clearly have a dedication and commitment to the lives of the residents at SVTC. Working on a daily basis with individuals as impaired as those remaining in our training centers is very challenging. We absolutely must have no tolerance for the abuse or neglect of any resident or consumer within our system. Helping staff work in a positive way with the natural frustrations that are associated with this work should be the function of all other support, clinical and administrative staff.

Recommendation 1.1: Continue to foster a person-centered treatment orientation.

Finding 1.2: The role of the advocate for SVTC is primarily one of prevention and monitoring.

Background: The majority of residents in SVTC are diagnosed as severely or profoundly retarded. Persons with his level of developmental delay generally do not have ordinary verbal skills. The advocate's role in this situation is one of prevention and monitoring. Professional staff and/or members of the resident's family typically initiate complaints.

There is evidence that a working relationship has been forged between the advocate and the administration. She spoke of how the facility worked with her in assisting one of the residents in attending a professional football game. After several negotiations and extensive planning, the resident was able to realize a "dream" as a result of the cooperative relationship.

The advocate participates on four of the facility's five quality sub-committees. There is an active parent organization, PAIR and Local Human Rights Committee (LHRC). Abuse and Complaint data, compiled by the Advocate, reflects a decline in the number of allegations over the past several years. At the time of this original inspection there was only one advocate for both SVTC and Hiram W. Davis Medical Center. This involves a caseload of over 600 persons. Given the recent problems with possible abuse issues, it is clearly appropriate that the state MHMRSAS Human Rights Director has added at least one additional advocate staff to this facility.

Recommendation 1.2 None. Please forward information regarding the current deployment of advocates for the facility system.

Section Two

The Use of Locked Time-out and Restraint

Finding 2.1: The facility has established procedures for the use of locked time-out and the use of restraints. This does include the use of "training restraints" or program restraints.

Background: A review of policy and interviews with staff revealed that the facility has established procedures for the use of locked time-out and restraints. Locked time-out is similar to seclusion in mental health facilities. The difference would be that with locked time out, the door is built such that it must be held by a person to keep it shut. This means that staff must be present throughout the procedure.

There are mechanisms in the written SVTC policy to assure that restrictive procedures are not used as punishment or for the convenience of staff. Policies clearly define the use of restraints for behavior management as well as for the purpose of assuring reasonable safety, and for the maintaining of proper positioning, support and balance. The LHRC and Behavior Management Committee (BMC) review and approve behavioral programs. Behavioral programs are developed after residents are involved in emergency procedures three times. Staff related that a review of each incident occurs. The purpose of this review is to assure that policy was followed and appropriately applied.

Staff, on several units, was appropriately able to describe the appropriate use of locked time-out. Several staff members were also able to correctly describe that the time of most risk for injury to resident or staff is during "containment". Containment refers to the process of moving a person into or out of a locked-time-out room, or a seclusion room.

The new human rights regulations will require changes in the manner in which behavior management is applied at this and other training center facilities. Staff expressed concern that these changes will eliminate the ability to use program restraints. Program restraints are restraints that are used as a part of a plan to help reduce certain types of behavior. One example as to how this might be used in this population would be for treatment of a person who has an irresistible and unexplainable impulse to bite himself. A restraint might be used that limits the movement of a person's arm so that it can not be moved close to his mouth. Once stabilized, the patient is gradually given more time out of the "restraint" device, until he has worked into being able to tolerate no biting and no restraint. There is value in maintaining the ability of a treatment team to use program or training restraint devices, it would be very unfortunate to have this treatment tool eliminated.

Recommendation 2.1: The appropriate use of "program restraints" will need to be considered in the reworking of the Human Rights regulations.

Section Three

Active Treatment

Finding 3.1: Several disciplines at SVTC do not meet the staff to patient ratios established for Northern Virginia Training Center by agreement between the Commonwealth of Virginia and the Department of Justice.

Background: This is a very complex problem with several factors to consider. NVTC has fewer beds for a larger population and there are more resources for alternatives to state facility care in the northern Virginia area. This may mean that the same staffing formula that is necessary for NVTC may not be necessary for SVTC or other training centers.

It is very clear that SVTC relies heavily on the services of non-professional staff in implementing many of its training and care programs. The number of credentialed professional staff is inadequate to provide quality supervision, monitoring and programmatic changes for the residents. Residents would directly benefit from an increase in professional Occupation, Physical, and Recreation therapy staff. Other professions that have been cited as being short include nursing, psychology and Human Service Care Workers. This is becoming an increasingly important issue with the current economy wherein it is more difficult to recruit and retain staff in Human Service Care Worker positions.

At the time of this inspection, there were no clear agreed upon plans for addressing this shortage of staff. Reducing the SVTC census by 100 residents would put staffing at a level that is closer to the level of staffing at NVTC. Generally the way facilities have reduced census is through discharge of higher functioning residents who would be more readily adapted to life in a community. This leaves more impaired individuals within the facility. These residents require more intensive and specialized professional staff than in the past when there was a much broader level of functioning within the resident population. When looking at staffing patterns over the last several years, it is also important to keep in mind that with medical advances, we are able to keep residents more healthy for longer life spans than they had in the past.

Several previous consultants over the last three years have reported on this inadequate number of professional staff but there remains no clear plan for addressing this.

The areas of most critical need that would have the most direct impact in furthering the health and safety of the residents within this facility are Occupational Therapy and Physical therapy.

Occupational Therapy and Speech Pathology are responsible for developing feeding guidelines for each individual. How nutrition and feeding are managed is very important within these facilities. Many individuals have impairments in swallowing and maneuvering food into their mouths. This can result in malnutrition and aspiration related problems. Attention to elements that support an individual's ability to feed himself as independently as possible is also a critical element of an overall therapeutic program. The professional assesses the individual, develops an individual program and then consults with the direct care staff in the implementation of the program. Based on the current census, SVTC is at least five staff short in this critical area.

Physical therapy is responsible for assessing and treating the physical movement of individuals. Many of the individuals within training centers have severe impairments in physical mobility. Proper attention to the correct techniques for assisting individuals ambulate, turn, and move without injury is essential in reducing frozen joints, muscle degeneration and other health problems related to immobility. Based on the current census, SVTC is at least five staff short in this critical area.

Recommendation 3.1: Central Office DMHMRSAS staff should work closely with SVTC leadership to develop a clear plan for the current inadequate ratio of professional staff to residents at this facility.

Finding 3.2: Staff is involved in a number of training activities.

Background: Staffs on all levels and disciplines are involved in training activities at the facility. The largest group of staff employed by the facility is in the position of Human Service Care Workers (HSCW). This group of employees participates in a six-week training course prior to assuming direct care responsibilities for the residents. The curriculum, developed by the Department of Mental Health, Mental Retardation and Substance Abuse Services and approved by the State Board of Nursing, includes topics on infection control, behavior management, physical and nutritional management, safety and basic care skills. HSCWs must demonstrate 100% competency on Mandt training and 85% in all other areas in order to continue with the position. Annual competency based training occurs for staff in such areas as behavioral management, infection control, human rights, and life safety. This training covers an extensive amount of information in a relatively short period of time considering the extent of the involvement in residential care and training provided by this segment of the staff.

Recommendation 3.2: Given recent difficulties at SVTC with possible abuse and neglect, the appropriateness of this initial and ongoing training of these vital staff members should be reviewed by professional staff of various disciplines through a performance improvement mechanism.

Finding 3.3: Training of staff in Nutritional Management has not been completed.

Background: Many of the residents at SVTC have mechanical difficulty feeding themselves. One of the elements of the agreement between the Department of Justice and NVTC involves a formal assessment of all residents determined to have specialized nutritional or feeding needs. Nutritional Management involves identifying residents with specialized needs and implementing appropriate strategies. This is not limited to the intake of food but also includes proper techniques for fluid and medication intake. Interviews revealed that about half of the residents, to date, have been identified as needing some degree of nutritional management programming. The training programs are prescribed by professional staff and implemented by residential staff. It was noted that it could take as much as 18 months to two years for all staff to receive specific training in nutritional management. Given the numbers of residents targeted for this level of programming, additional training opportunities are needed to accelerate the completion of this important task.

Recommendation 3.3: Since the use of proper technique, positioning and care are essential for this population as a life, health and safety concern, every effort must be made to complete this training.

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Finding 3.4: SVTC staff has a longstanding tradition of supporting "active treatment" or training for all its residents.

Background: The training activities observed were found generally to be designed to meet individual needs. Staff observed were clearly very invested in the welfare and wellbeing of the residents they work with.

Recommendation 3.4: None. Caring staff are an important element in the life of individuals who live at this facility.

Section Four

Treatment Environment

Finding 4.1: The facility and grounds are well maintained but stark.

Background: At the time of the inspection, the external grounds were well maintained. Landscaping is sparse which promotes an institutional appearance to the grounds overall.

As Central State Hospital and SVTC (on the same grounds) continue to develop habilitation and psychosocial rehabilitation programming, adding in elements of vocational training with opportunities for development of skills in professional landscaping design, implementation and maintenance should be a consideration.

Recommendation 4.1: None immediate. Once more permanent decisions are made regarding the use of building space, allocations or fundraising for landscaping which would make the grounds less harsh would be very beneficial in promoting a sense of wellbeing for those who live and work in SVTC.

Finding 4.2: The cottages within this facility are clean and clear efforts have been made to promote an atmosphere of a home like environment.

Background: Within the grounds of SVTC, there are several types of living arrangements. The newest buildings are smaller more home-like settings referred to as cottages. Each cottage is designed to house about 8-12 people, generally in private and semi-private rooms. The cottages function somewhat independently and resemble what might be found in a non-institutional community setting in an Intermediate Care Facility for Mentally Retarded (ICF-MR) home. Two of the cottages are managed independently as group homes. A resident within a cottage generally resides in the cottage but participates in training/habilitation activities during the day in another area on the grounds of SVTC.

Recommendation 4.2 Continue to upgrade and evaluate the appropriateness and comfort of the environment within the cottages.

Finding 4.3: Many of the larger, more traditional residential buildings, particularly like in Building 125, are dismal.

Background: Creation of a comfortable environment in this setting is a challenge. Curtains are eliminated because of a resident's history of pulling them down. When present at all, many of the wall art and posters are hung unusually high to eliminate the possibility of residents pulling them down. No carpet or rugs are present because of the high numbers of patients incontinent of urine and feces. Furnishings are extremely sparse. Several of the day rooms have only attached round picnic tables as would be found in a prison, and one or two cargo type chairs with thick vinyl cushions on hard shiny floors with high ceilings and cinderblock walls. The bedrooms of these particular units have three to four residents in them, sleeping on cot-like beds. All these elements contribute to a very barren environment that is likely to play a role in perpetuating regressed institutional behavior in these residents. This is how large institutions with limited funding for staff and materials come to handle these sorts of behaviors over time. When one resident pulls drapes down, for many rational reasons (cost, safety, lack of knowledge or access to behavioral specialist), the drapes are permanently removed.

Recommendation 4.3: Once it is clear how these units will be used, effort should be made on behalf of the people who live and work in this building to make them less institutional in appearance.

Finding 4.4: The day programming and training spaces at SVTC are generally with good environments that are appropriately interesting, comfortable and functional.

Background: The good news for these residents is the day programming environment. Several day programs within SVTC were visited. These environments were generally environments that would be conducive to the promotion of healthy independent appropriate interactions.

Recommendation 4.4: Continue to maintain these day programming environments while working on residential environments.

Finding 4.5: Access to additional servings or helpings, in the current feeding system, is limited.

Background: During observation of meals, it was noted that resident(s) request for additional "favorite" foods or second helpings was not available because of the method in which food is prepared and served within the facility. (The controversial and very institutional cook-chill system.) One resident in particular appropriately asked for seconds. Staff present related that she did this every morning. The resident was told she could not have more. The resident then attempted to take the food she had requested from the trays of other individuals. Staff, who indicated that this was her usual behavior, physically redirected the resident back to her seat. Unless medically prohibited, it is a reasonable request by residents to obtain additional portions of preferred foods, particularly when as reflected in the resident's record she did not like the other item being served during that meal. If there is a mechanism for getting the cook-chill system to provide preferences and extra helpings, this staff did not know how to or feel empowered to access it. In a culture of client centered treatment, this opportunity should not be missed.

Recommendation 4.5: SVTC review and enhance the current food system regarding resident preferences and requests.

Section Five

Access to Medical Services

Finding 5.1: SVTC staff report timely access to medical care.

Background: SouthsideVirginia Training Center employs six primary care physicians including the Medical Director. The current Medical Director was recently hired but is very familiar with the facility and the population served because he was previously

employed as a physician at Hiram W. Davis Medical Center (HWDMC). Residents move from SVTC to HWDMC when they need more intensive and specialized medical and dental services. Inpatient care needs that can not be safely treated at HWDMC, are provided by the Southside Regional Medical Center (SRMC). Calls to the local rescue squad result in the residents receiving emergency care at SRMC. According to the staff, emergency care including transport occurs within fifteen minutes of the initial call. This is due, in part, because of the facility's location.

Each of the physicians has a specified caseload. This provides continuity, which is critical in working with this essentially non-verbal population. The full-time physicians rotate being on-call. This arrangement emphasizes continuity of care.

Recommendation: None at this time.

Finding 5.2: SVTC employees a quality improvement RN.

Background: One of the functions of the Quality Improvement RN is to create and oversee Emergency Scenario Training. This training occurs at least quarterly and includes nursing staff. These "surprise" mock-emergency drills provide information regarding staff responsiveness and procedural awareness in the event of an emergency. As a result of these exercises or drills, additional training activities for staff and clarifications regarding protocols and procedures have occurred. With a relatively limited number of RN's and a large number of LPN's, this is a key RN position that could be used as a resource for a number of LPN and HCSW performance and competency functions.

Recommendation 5.2: Continue to develop this position so that this potentially valuable resource is used in a manner that most efficiently utilizes her skills.

Finding 5.3: The facility currently has a part-time (20 hours per week) psychiatrist.

Background: The part-time psychiatrist, Dr Shenoy, has been involved in providing services to the residents of SVTC since the early 1980s. He is respected throughout Virginia as an active advocate for the psychiatric care of the mentally retarded. Approximately half of the residents at SVTC are on psychotropic medications and are followed by Dr. Shenoy. Each resident is staffed annually through a comprehensive multidisciplinary meeting or clinic. Generally patients are met with on a quarterly basis. Staff report timely access to Dr. Shenoy, with some of the emergent needs being addressed by the SVTC primary care physician until Dr. Shenoy can be consulted. The Pharmacy and Therapeutics Committee conducts an audit of psychotropic medication usage at least every six months.

Recommendation 5.3: This psychiatric coverage is of good quality but staff and patient would benefit from an increase in psychiatric time.

Section Six

Academic-Public Relationships

Finding 6.1: Southside Virginia Training Center collaborates with many Colleges and Universities to provide training opportunities for a number of different professions.

Background: The facility affiliates with the following schools and training programs:

- Virginia State University / psychologists, social workers and recreational therapist
- Virginia Commonwealth University / social workers
- Medical College of Virginia / Scholarships in physical therapy
- Southside Community College / Licensed practical nurses
- John Tyler Community College / Registered nurses, physical therapy assistants
- Southside Regional Medial Center / Licensed practical nurses
- Petersburg High School / Food Service workers

Staff are able to obtain continuing educational units (CEUs) in a variety of ways and are openly encouraged by the facility to seek additional education.

Recommendation 6.1: Continue this effort. External students can be very helpful for staff morale and resident care within a facility.

Finding 6.2: Facility staff members provide training to the community through a variety of organizations.

Background: SVTC is a facility that has maintained a longstanding interest in ongoing education of its own staff as well as others who might be interested in learning about treatment issues involving the Mentally Retarded. Through this mechanism this facility has promoted advocacy on behalf of the patients it serves. Ongoing positive evidence of this effort is seen in staff of all levels at SVTC. SVTC has cosponsored conferences with

others such as the American Association on Mental Retardation (AAMR), Community Living Association for People with Mental Retardation (CLAMR) and the Association of Public Developmental Disabilities Administrators.

A member of the facility's medical staff participated in the KOVAR Summer 2000 Institute, which is an eight-week training program designed to promote professional knowledge and experience in working with the mentally retarded. An additional goal of this program is to reduce the stigma associated with this population.

Recommendation 6.2: Continue to maintain and develop successful training experiences. This is good for SVTC staff, the community and ultimately for the residents within SVTC and other MR treatment environments.

Section Seven

Notable Administrative Activities

Finding 7.1: The objectives of the Quality Management Plan of focusing on consumer needs and placing an emphasis on staff involvement are reflected in procedures and process.

Background: The Quality Management Plan, drafted in July, 1999, is centered on values and objectives that include a strong focus on the needs of consumers and the active involvement of staff in identifying quality assurance concerns and performance improvement issues. The Executive Steering Committee (ESC) serves to provide oversight and leadership to five Quality Sub-Committees. These five committees are divided in areas of: Program, Medical, Client Life, Human Resources and Administrative/Support. Suggestions, etc. are catalogued and processed for action. An on-going monthly review is embedded in the process and an active status maintained until resolved. At that point, the "record" is considered closed. Feedback is on going and provided to both the originator of the suggestion and the ESC. This procedure assures that issues are handled and addressed until closure. Projects reviewed through this process range form access to appropriate clothing for consumers to acquisition vehicles to facilitate access to habilitation resources.

Recommendations: This effort plays a valuable role in the management of SVTC.

Finding 7.2: The facility has progressively become more involved in person-centered planning. Residents would benefit from several additional staff to facilitate more integrated person centered treatment.

Background: The facility has been associated with the Quality Consortium of the Accreditation Council on Services for People with Disabilities since 1995. The Council, as the organization is now known, is an organization that has promoted quality improvement in services and supports for persons with disabilities for approximately thirty years. The Council is one of the first organizations in the nation to emphasize a Personal Outcome approach. Over the last several years, attempts are being made at SVTC to implement a person centered treatment orientation. Person centered treatment is a treatment philosophy or orientation that builds treatment around the preferences and choices of an individual. It starts with the individual. An example of this might be the mentally retarded person who wants to fly airplanes because his dad is a pilot. While the reality as to the likelihood of actually becoming a pilot may need to be clarified, elements of that interest can be explored and used to guide a treatment plan. Visits to or working at an airport, in the travel industry, video games, etc might be creatively integrated into day programming and planning with that individual. This whole style of treatment would be in contrast to more standard treatment which would approach an individual by attempting to fit them into existing program structure. Person Centered treatment is a great orientation for lesser-impaired individuals in community settings. Person Centered treatment is very challenging to implement in a large facility with severely impaired residents.

Staff members from all departments and disciplines have been trained to conduct interviews of the residents regarding their preferences so that this can be incorporated in their annual habilitation plans. Interviews rely on information and observations by staff members that are most familiar with the resident(s). Several charts were reviewed and found to make attempts to include elements of person centered planning within the SVTC treatment plans. SVTC has initiated this potentially great treatment orientation that is unable to be fully implemented without more technical support for staff. At this time this is not felt to be as critical as professional staff for nutrition and physical management. The addition of one or more psychologists could facilitate this programming orientation.

Recommendation 7.2: Explore cost Vs benefit of additional staff who could consult with staff regarding further development of person centered treatment.

Section Eight

Facility Challenges

Finding 8.1: SVTC does not have a clear vision regarding its evolving role in the treatment of the Mentally Retarded in the central Virginia area.

Background: SVTC is faced with the challenge of redefining the mission and objectives as it continues to shrink. This is a facility that was once second only to CVTC in Lynchburg in size and housed over 1800 residents. Interviews revealed that about 180 of the current census of 451 are targeted for discharge. Twenty-six of those 180 are actively

in the process of being discharged. The most consistently cited barrier to discharge into the community is a lack of resources. This includes both actual housing as well as professional providers with the expertise necessary to facilitate successful community integration.

DMHMRSAS in cooperation with a number of other agencies within the Health and Human Resources Secretariat is in the process of developing a proposed plan for the transition of appropriate individuals into the community. This is called the Olmstead Plan. Additionally SVTC has contracted with a design firm to look at the use of the SVTC buildings and grounds over the future. To effectively do this without waste of state resources, SVTC will need clear guidance regarding its future size and role within the rehabilitation community of central Virginia.

Recommendation 8.1: A plan should be developed regarding the role and size of SVTC over the next several years.

Finding 8.2: SVTC does not have a mechanism to provide clinical consultation in a regular way to community providers or residents.

Background: Other than housing, one of the critical disconnects in appropriate transition from institution to community is lack of specialized professional expertise in some community settings. Perhaps the most common problem is a lack of available psychologists with experience in developing behavior treatment plans that can be readily implemented by paraprofessional staff. Other needs might include Physical Therapy, Occupational Therapy, and medical and psychiatric consultation with Mental Retardation experts. One example of specialized expertise is the dental care provided by SVTC dentists. Currently most SVTC residents are seen for routine dental care and cleaning every 3 months. This often requires general anesthesia. These frequent visits greatly reduce more serious dental and dental related health problems that are normally seen in severe and profound mental retardation.

A consultation team with experienced SVTC professionals could work with community provider staff to facilitate successful transition into community. Additionally, this consultation team could perform evaluations on community residents who might be at risk of institutionalization or hospitalization due to behavioral or other problems.

Recommendation 8.2: It would be a very valuable service for SVTC to develop a set of professional services that could provide expert consultation for current community residents.